

| <b>CLAIMS ONLY</b> |          |      |                        |      |                        |      | SERIAL NO.<br><b>10066346</b> | FILING DATE |      |  |
|--------------------|----------|------|------------------------|------|------------------------|------|-------------------------------|-------------|------|--|
|                    |          |      |                        |      |                        |      | APPLICANT(S)                  |             |      |  |
| <b>CLAIMS</b>      |          |      |                        |      |                        |      |                               |             |      |  |
|                    | AS FILED |      | AFTER<br>1st AMENDMENT |      | AFTER<br>2nd AMENDMENT |      |                               | *           |      |  |
|                    | IND.     | DER. | IND.                   | DER. | IND.                   | DER. |                               | IND.        | DER. |  |
| 1                  |          |      |                        |      |                        |      |                               |             |      |  |
| 2                  |          |      |                        |      |                        |      |                               |             |      |  |
| 3                  |          |      |                        |      |                        |      |                               |             |      |  |
| 4                  |          |      |                        |      |                        |      |                               |             |      |  |
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| TOTAL IND.         |          |      |                        |      |                        |      |                               |             |      |  |
| TOTAL DER.         |          |      |                        |      |                        |      |                               |             |      |  |
| TOTAL CLAIMS       |          |      |                        |      |                        |      |                               |             |      |  |

  

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| 100          |  |  |  |  |  |  |
| TOTAL IND.   |  |  |  |  |  |  |
| TOTAL DER.   |  |  |  |  |  |  |
| TOTAL CLAIMS |  |  |  |  |  |  |

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\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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